

<i>SERFF Tracking Number:</i>	<i>UNLI-126402918</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unified Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44365</i>
<i>Company Tracking Number:</i>	<i>5010</i>		
<i>TOI:</i>	<i>MS021 Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS021.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>2010 ULIC Individual PreStd Med Supp Rate Filing</i>		
<i>Project Name/Number:</i>	<i>2010 ULIC Individual PreStd Med Supp Rate Filing/5010</i>		

Filing at a Glance

Company: Unified Life Insurance Company

Product Name: 2010 ULIC Individual PreStd Med Supp Rate Filing
 SERFF Tr Num: UNLI-126402918 State: Arkansas

TOI: MS021 Individual Medicare Supplement - Pre-Standardized
 SERFF Status: Closed-Approved-Closed State Tr Num: 44365

Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized
 Co Tr Num: 5010 State Status: Approved-Closed

Filing Type: Rate
 Reviewer(s): Stephanie Fowler

Authors: Beth Dixon, Diane Lauerma

Date Submitted: 12/15/2009 Disposition Date: 02/23/2010

Disposition Status: Approved-Closed

Implementation Date Requested: 03/01/2010

State Filing Description:

General Information

Project Name: 2010 ULIC Individual PreStd Med Supp Rate Filing

Project Number: 5010

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 12%

Filing Status Changed: 02/23/2010

Deemer Date:

Submitted By: Beth Dixon

Filing Description:

2010 Unified Life Insurance Company Individual Standardized Medicare Supplement Rate Increase Filing and Rate Certification

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 02/23/2010

Created By: Diane Lauerma

Corresponding Filing Tracking Number:

Due to changes in the federal Medicare program and the increasing cost of medical care, we find it necessary to adjust our rates. Enclosed are copies of an Actuarial Memorandum in support of the Company's 12% rate increase request

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<i>TOI:</i>	<i>MS021 Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS021.000 Medicare Supplement - Pre-Standardized</i>
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on its individual pre-standardized Medicare supplement policies. Please note that the policy forms affected by this filing are no longer marketed, therefore the rate revision will apply to in force policies only.

All of these forms are currently administered by the Unified Life Insurance Company. These policies were acquired in 2006 from National Financial Insurance Company (NFIC) and American Insurance Company of Texas (AICT), and assumed in 2008 from National Foundation Life Insurance Company. All forms have been combined for rate increase purposes. Policy forms are rated on a resident state basis.

The proposed effective date is March 1, 2010, but contingent on state approval of the rate revision or thereafter taking into consideration policyholder notification guidelines in your state. The estimated number of policyholders in your state and nationwide which will be affected by this revision is shown in Exhibit II of the Actuarial Memorandum. The annualized premium in your state and nationwide is also shown in Exhibit II of the Actuarial Memorandum.

Company and Contact

Filing Contact Information

Beth Dixon, Actuarial Services Director	bdixon@unifiedlife.com
7201 W 129th St	913-871-7321 [Phone]
Suite 300	913-871-7322 [FAX]
Overland Park, KS 66213	

Filing Company Information

Unified Life Insurance Company	CoCode: 11121	State of Domicile: Texas
7201 W 129th	Group Code:	Company Type: Life and Health
Suite 300	Group Name:	State ID Number:
Overland Park, KS 66213	FEIN Number: 43-1917728	
(913) 871-7290 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	The Company's state of domicile, Texas, requires a \$100.00 filing fee.
Per Company:	No

SERFF Tracking Number: UNLI-126402918 State: Arkansas
Filing Company: Unified Life Insurance Company State Tracking Number: 44365
Company Tracking Number: 5010
TOI: MS02I Individual Medicare Supplement - Pre- Sub-TOI: MS02I.000 Medicare Supplement - Pre-
Standardized Standardized
Product Name: 2010 ULIC Individual PreStd Med Supp Rate Filing
Project Name/Number: 2010 ULIC Individual PreStd Med Supp Rate Filing/5010

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unified Life Insurance Company	\$100.00	12/15/2009	32797000

SERFF Tracking Number:	UNLI-126402918	State:	Arkansas
Filing Company:	Unified Life Insurance Company	State Tracking Number:	44365
Company Tracking Number:	5010		
TOI:	MS021 Individual Medicare Supplement - Pre-Standardized	Sub-TOI:	MS021.000 Medicare Supplement - Pre-Standardized
Product Name:	2010 ULIC Individual PreStd Med Supp Rate Filing		
Project Name/Number:	2010 ULIC Individual PreStd Med Supp Rate Filing/5010		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	02/23/2010	02/23/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	01/21/2010	01/21/2010	Beth Dixon	02/22/2010	02/22/2010

<i>SERFF Tracking Number:</i>	<i>UNLI-126402918</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>5010</i>		
<i>TOI:</i>	<i>MS021 Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS021.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>2010 ULIC Individual PreStd Med Supp Rate Filing</i>		
<i>Project Name/Number:</i>	<i>2010 ULIC Individual PreStd Med Supp Rate Filing/5010</i>		

Disposition

Disposition Date: 02/23/2010

Implementation Date: 03/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after March 1, 2010. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Unified Life Insurance Company	12.000%	12.000%	\$6,608	15	\$55,069	12.000%	12.000%

SERFF Tracking Number:	UNLI-126402918	State:	Arkansas
Filing Company:	Unified Life Insurance Company	State Tracking Number:	44365
Company Tracking Number:	5010		
TOI:	MS02I Individual Medicare Supplement - Pre-Standardized	Sub-TOI:	MS02I.000 Medicare Supplement - Pre-Standardized
Product Name:	2010 ULIC Individual PreStd Med Supp Rate Filing		
Project Name/Number:	2010 ULIC Individual PreStd Med Supp Rate Filing/5010		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate (revised)	2010 AR Exhibit I PreStd Rev.pdf	Approved	Yes
Rate	2010 AR Exhibit I PreStd.pdf	Disapproved	Yes

SERFF Tracking Number: UNLI-126402918 State: Arkansas
Filing Company: Unified Life Insurance Company State Tracking Number: 44365
Company Tracking Number: 5010
TOI: MS021 Individual Medicare Supplement - Pre- Sub-TOI: MS021.000 Medicare Supplement - Pre-
Standardized Standardized
Product Name: 2010 ULIC Individual PreStd Med Supp Rate Filing
Project Name/Number: 2010 ULIC Individual PreStd Med Supp Rate Filing/5010

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/21/2010
Submitted Date 01/21/2010
Respond By Date 02/22/2010
Dear Beth Dixon,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)
- 2010 AR Exhibit I PreStd.pdf, [807, G764, GL65-4, H509-65, H50965R, HMS89, HMS90, MS4-89-P, MS-89]
(Rate)

Comment: AR Code Ann. 23-79-109(a)(4) states, "all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings." Gender based rates are not allowed." With that being stated, please revise this filing.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/22/2010
Submitted Date 02/22/2010

Dear Stephanie Fowler,

Comments:

Response 1

Comments: Attached please find revised rate sheets, in compliance of AR Code 23-79-109(a)(4).
There is 1 insured on form HMS89 that pays smoker rates, but this is because the policy was issued on 11/24/89.

There are no longer in force policies on forms MS4-89-P or MS-89.

SERFF Tracking Number: UNLI-126402918 State: Arkansas
Filing Company: Unified Life Insurance Company State Tracking Number: 44365
Company Tracking Number: 5010
TOI: MS021 Individual Medicare Supplement - Pre- Sub-TOI: MS021.000 Medicare Supplement - Pre-
Standardized Standardized
Product Name: 2010 ULIC Individual PreStd Med Supp Rate Filing
Project Name/Number: 2010 ULIC Individual PreStd Med Supp Rate Filing/5010

Thank you for your continued review of this filing.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)
- 2010 AR Exhibit I PreStd.pdf, [807, G764, GL65-4, H509-65, H50965R, HMS89, HMS90, MS4-89-P, MS-89] (Rate)

Comment:

AR Code Ann. 23-79-109(a)(4) states, "all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings." Gender based rates are not allowed." With that being stated, please revise this filing.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
2010 AR Exhibit I	807, G764, GL65-4, H509-	Revised	Previous State Filing Number	
PreStd Rev.pdf	65, H50965R, HMS89, HMS90			
			UNLI-126402918	
			Percent Rate Change Request	
			12	

Previous Version

2010 AR Exhibit I	807, G764, GL65-4, H509-	New	Previous State Filing Number
PreStd.pdf	65, H50965R, HMS89, HMS90, MS4-89-P, MS-89		
			0

Sincerely,
Beth Dixon, Diane Lauerman

SERFF Tracking Number:	UNLI-126402918	State:	Arkansas
Filing Company:	Unified Life Insurance Company	State Tracking Number:	44365
Company Tracking Number:	5010		
TOI:	MS021 Individual Medicare Supplement - Pre-Standardized	Sub-TOI:	MS021.000 Medicare Supplement - Pre-Standardized
Product Name:	2010 ULIC Individual PreStd Med Supp Rate Filing		
Project Name/Number:	2010 ULIC Individual PreStd Med Supp Rate Filing/5010		

Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	25.000%
Effective Date of Last Rate Revision:	05/01/2009
Filing Method of Last Filing:	Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Unified Life Insurance Company	12.000%	12.000%	\$6,608	15	\$55,069	12.000%	12.000%

<i>SERFF Tracking Number:</i>	<i>UNLI-126402918</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>2010 ULIC Individual PreStd Med Supp Rate Filing</i>		
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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 02/23/2010	2010 AR Exhibit I PreStd Rev.pdf	807, G764, GL65-4, H509- 65, H50965R, HMS89, HMS90	Revised	Previous State Filing Number: Percent Rate Change Request:	UNLI- 2010 AR Exhibit I 1264029 PreStd Rev.pdf 18 12.000

EXHIBIT I

UNIFIED LIFE INSURANCE COMPANY
7201 West 129th Street, Suite 300; Overland Park, KS 66213-2627

ARKANSAS
Pre-Standard Medicare Supplement
2010 Annual Premium Rate Schedule

POLICY FORM 807

Policy Form 807			
Basic			
Issue Ages	Current	Proposed	% Change
All Ages	1,328.43	1,487.84	12%
OPTIONAL BENEFITS			
Part A Deductible			
All Ages	561.06	628.39	12%
945-84			
All Ages	616.56	690.55	12%

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Pre-Standard Medicare Supplement
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POLICY FORM G764 & RIDER FORM R764

Policy Form G764

	Current Rate	Proposed Rate	% Change
Issue Age All Ages	1,626.54	1,821.72	12%

Rider Form R764

	Current Rate	Proposed Rate	% Change
Issue Age All Ages	461.06	516.39	12%

Modal Loads: .5200 for semi-annual
 .2650 for quarterly
 .0833 for ABC

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ARKANSAS
Pre-Standard Medicare Supplement
2010 Annual Premium Rate Schedule

POLICY FORM GL65-4 (PLAN CODE GGL654)
& RIDER FORM R-GL65-4 (PLAN CODE GG654R)

Issue Age	Current Rate		Proposed Rate		% Change
	GL65-4	R-GL65-4	GL65-4	R-GL65-4	
All Ages	4,550.25	2,713.29	5,096.28	3,038.88	12%

Add \$20 policy fee to above rates.

AREA FACTOR for All Zips: .90

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UNIFIED LIFE INSURANCE COMPANY
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Pre-Standard Medicare Supplement
2010 Annual Premium Rate Schedule

POLICY FORM H509-65R [ID-509-65R(1-88)-P]
ENDORSEMENT FORM MS-AM-90-R

BASIC PLAN

Issue Ages	Current Rate	Proposed Rate	% Change
All Ages	4,674.20	5,235.10	12%

PART B

Issue Ages	Current Rate	Proposed Rate	% Change
All Ages	1,052.96	1,179.32	12%

EXHIBIT I

UNIFIED LIFE INSURANCE COMPANY
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ARKANSAS
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2010 Annual Premium Rate Schedule

POLICY FORM HMS-89 (MS-1989-P)

BASE POLICY; MS-1989-P							
Nonsmoker				Smoker			
Issue Ages	Current Rate	Proposed Rate	% Change	Issue Ages	Current Rate	Proposed Rate	% Change
All Ages	1,754.70	1,965.26	12%	All Ages	1,979.57	2,217.12	12%

PART A DEDUCTIBLE RIDER; MS-1989-1-R							
Nonsmoker				Smoker			
All Ages	1,074.07	1,202.96	12%	All Ages	1,180.67	1,322.35	12%

PART B DEDUCTIBLE RIDER; MS-1989-2-R							
Nonsmoker				Smoker			
All Ages	505.47	566.13	12%	All Ages	568.61	636.84	12%

Modal Factors: Semi-annual 0.52 Monthly Draft 0.083
Quarterly 0.27 Monthly Direct 0.092

EXHIBIT I

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ARKANSAS
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2010 Annual Premium Rate Schedule

POLICY FORM HMS-90 (MS-1990-P)

BASE POLICY: MS-1990-P			
Plan Code GGS90D			
Issue Age	Current Rate	Proposed Rate	% Change
All Ages	2,327.40	2,606.69	12%

PART A DEDUCTIBLE RIDER: MS-1990-1-R			
Plan Code GGS90E			
Issue Age	Current Rate	Proposed Rate	% Change
All Ages	831.17	930.91	12%

Modal Factors:
Semi-annual 0.52
Quarterly 0.27

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<i>Product Name:</i>	<i>2010 ULIC Individual PreStd Med Supp Rate Filing</i>		
<i>Project Name/Number:</i>	<i>2010 ULIC Individual PreStd Med Supp Rate Filing/5010</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/15/2009	Rate and Rule	2010 AR Exhibit I PreStd.pdf	02/22/2010	2010 AR Exhibit I PreStd.pdf (Superceded)

EXHIBIT I

UNIFIED LIFE INSURANCE COMPANY
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ARKANSAS
Pre-Standard Medicare Supplement
2010 Annual Premium Rate Schedule

POLICY FORM 807

Policy Form 807			
Basic			
Issue Ages	Current	Proposed	% Change
65-69	1,328.43	1,487.84	12%
70-74	1,581.68	1,771.48	12%
75-79	1,900.90	2,129.01	12%
80-84	2,298.40	2,574.21	12%
85+	2,810.30	3,147.54	12%
OPTIONAL BENEFITS			
Part A Deductible			
65-69	561.06	628.39	12%
70-74	674.30	755.22	12%
75-79	804.94	901.53	12%
80-84	872.78	977.51	12%
85+	918.03	1,028.19	12%
945-84			
65-69	616.56	690.55	12%
70-74	674.49	755.43	12%
75-79	703.48	787.90	12%
80-84	724.38	811.31	12%
85+	749.06	838.95	12%
946-84			
65-69	264.82	296.60	12%
70-74	293.80	329.06	12%
75-79	306.13	342.87	12%
80-84	318.66	356.90	12%
85+	331.17	370.91	12%

EXHIBIT I

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ARKANSAS
Pre-Standard Medicare Supplement
2010 Annual Premium Rate Schedule

POLICY FORM G764 & RIDER FORM R764

Policy Form G764			
Issue Age	Current Rate	Proposed Rate	% Change
64-74	1,626.54	1,821.72	12%

Rider Form R764			
Issue Age	Current Rate	Proposed Rate	% Change
64-74	461.06	516.39	12%

Modal Loads: .5200 for semi-annual
 .2650 for quarterly
 .0833 for ABC

EXHIBIT I

UNIFIED LIFE INSURANCE COMPANY
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ARKANSAS
Pre-Standard Medicare Supplement
2010 Annual Premium Rate Schedule

POLICY FORM GL65-4 (PLAN CODE GGL654)
& RIDER FORM R-GL65-4 (PLAN CODE GG654R)

Attained Age	Current Rate		Proposed Rate		% Change
	GL65-4	R-GL65-4	GL65-4	R-GL65-4	
65	4,550.25	2,713.29	5,096.28	3,038.88	12%
66	4,550.25	2,713.29	5,096.28	3,038.88	12%
67	4,550.25	2,713.29	5,096.28	3,038.88	12%
68	4,550.25	2,713.29	5,096.28	3,038.88	12%
69	4,550.25	2,713.29	5,096.28	3,038.88	12%
70	4,550.25	2,713.29	5,096.28	3,038.88	12%
71	4,550.25	2,713.29	5,096.28	3,038.88	12%
72	4,550.25	2,713.29	5,096.28	3,038.88	12%
73	4,550.25	2,713.29	5,096.28	3,038.88	12%
74	4,550.25	2,713.29	5,096.28	3,038.88	12%
75	4,550.25	2,713.29	5,096.28	3,038.88	12%
76	4,550.25	2,713.29	5,096.28	3,038.88	12%
77	4,550.25	2,713.29	5,096.28	3,038.88	12%
78	4,550.25	2,713.29	5,096.28	3,038.88	12%
79	4,550.25	2,713.29	5,096.28	3,038.88	12%
80	4,550.25	2,713.29	5,096.28	3,038.88	12%
81	4,550.25	2,713.29	5,096.28	3,038.88	12%
82	4,550.25	2,713.29	5,096.28	3,038.88	12%
83	4,550.25	2,713.29	5,096.28	3,038.88	12%
84	4,550.25	2,713.29	5,096.28	3,038.88	12%
85	4,174.82	2,713.29	4,675.80	3,038.88	12%
86	4,174.82	2,713.29	4,675.80	3,038.88	12%
87	4,174.82	2,713.29	4,675.80	3,038.88	12%
88	4,174.82	2,713.29	4,675.80	3,038.88	12%
89	4,174.82	2,713.29	4,675.80	3,038.88	12%
90	4,174.82	2,713.29	4,675.80	3,038.88	12%
91	4,174.82	2,713.29	4,675.80	3,038.88	12%
92	4,174.82	2,713.29	4,675.80	3,038.88	12%
93	4,174.82	2,713.29	4,675.80	3,038.88	12%
94	4,174.82	2,713.29	4,675.80	3,038.88	12%
95	4,174.82	2,713.29	4,675.80	3,038.88	12%
96	4,174.82	2,713.29	4,675.80	3,038.88	12%
97	4,174.82	2,713.29	4,675.80	3,038.88	12%
98	4,174.82	2,713.29	4,675.80	3,038.88	12%
99	4,174.82	2,713.29	4,675.80	3,038.88	12%

Add \$20 policy fee to above rates.

AREA FACTOR for All Zips: .90

EXHIBIT I

UNIFIED LIFE INSURANCE COMPANY
7201 West 129th Street, Suite 300; Overland Park, KS 66213-2627

ARKANSAS
Pre-Standard Medicare Supplement
2010 Annual Premium Rate Schedule

POLICY FORM H509-65R [ID-509-65R(1-88)-P]
ENDORSEMENT FORM MS-AM-90-R

BASIC PLAN

Issue Ages	Current Rate	Proposed Rate	% Change
All Ages	4,674.20	5,235.10	12%

PART B

Issue Ages	Current Rate	Proposed Rate	% Change
All Ages	1,052.96	1,179.32	12%

BASIC PLAN HUSBAND/WIFE 5% DISCOUNT

Issue Ages	Current Rate	Proposed Rate	% Change
All Ages	4,440.49	4,973.35	12%

PART B HUSBAND/WIFE 5% DISCOUNT

Issue Ages	Current Rate	Proposed Rate	% Change
All Ages	1,000.31	1,120.35	12%

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ARKANSAS
Pre-Standard Medicare Supplement
2010 Annual Premium Rate Schedule

POLICY FORM HMS-89 (MS-1989-P)

BASE POLICY; MS-1989-P							
Nonsmoker				Smoker			
Issue Ages	Current Rate	Proposed Rate	% Change	Issue Ages	Current Rate	Proposed Rate	% Change
All Ages	1,754.70	1,965.26	12%	All Ages	1,979.57	2,217.12	12%

BASE POLICY SPOUSE							
Nonsmoker				Smoker			
All Ages	1,641.70	1,838.70	12%	All Ages	N/A	N/A	N/A

PART A DEDUCTIBLE RIDER; MS-1989-1-R							
Nonsmoker				Smoker			
All Ages	1,074.07	1,202.96	12%	All Ages	1,180.67	1,322.35	12%

PART B DEDUCTIBLE RIDER; MS-1989-2-R							
Nonsmoker				Smoker			
All Ages	505.47	566.13	12%	All Ages	568.61	636.84	12%

PART B 125% EXCESS CHARGE RIDER; MS-1989-3-R							
Nonsmoker				Smoker			
All Ages	559.84	627.02	12%	All Ages	631.95	707.78	12%

PART B 150% EXCESS CHARGE RIDER; MS-1989-4-R							
Nonsmoker				Smoker			
All Ages	842.39	943.48	12%	All Ages	N/A	N/A	N/A

PART B 175% EXCESS CHARGE RIDER; MS-1989-5-R							
Nonsmoker				Smoker			
All Ages	1,137.19	1,273.65	12%	All Ages	N/A	N/A	N/A

Modal Factors: Semi-annual	0.52	Monthly Draft	0.083
Quarterly	0.27	Monthly Direct	0.092

EXHIBIT I

UNIFIED LIFE INSURANCE COMPANY
7201 West 129th Street, Suite 300; Overland Park, KS 66213-2627

ARKANSAS
Pre-Standard Medicare Supplement
2010 Annual Premium Rate Schedule

POLICY FORM HMS-90 (MS-1990-P)

BASE POLICY: MS-1990-P							
Nonsmoker - Plan Code GGS90D				Smoker - Plan Code GGS90G			
Issue Age	Current Rate	Proposed Rate	% Change	Issue Age	Current Rate	Proposed Rate	% Change
All Ages	2,327.40	2,606.69	12%	64½-69	2,715.30	3,041.14	12%

PART A DEDUCTIBLE RIDER: MS-1990-1-R; Plan Code GGS90E							
Nonsmoker				Smoker			
Issue Age	Current Rate	Proposed Rate	% Change	Issue Age	Current Rate	Proposed Rate	% Change
All Ages	831.17	930.91	12%	64½-69	997.47	1,117.17	12%

PART B EXCESS RIDER; MS-1989-2-R							
Nonsmoker				Smoker			
Issue Age	Current Rate	Proposed Rate	% Change	Issue Age	Current Rate	Proposed Rate	% Change
All Ages	997.47	1,117.17	12%	64½-69	1,163.90	1,303.57	12%

ADDITIONAL EXTENDED CARE FACILITY CHARGE; MS-1990-3-R							
Nonsmoker				Nonsmoker			
Max Daily Benefit	Issue Ages 64-1/2 - 69			Max Daily Benefit	Issue Ages 70 - 74		
\$50	831.25	931.00	12%	\$50	1,662.27	1,861.74	12%
\$60	997.47	1,117.17	12%	\$60	1,994.90	2,234.29	12%
\$70	1,163.89	1,303.56	12%	\$70	2,327.31	2,606.59	12%
\$80	1,329.86	1,489.44	12%	\$80	2,659.73	2,978.90	12%
\$90	1,496.30	1,675.86	12%	\$90	2,992.13	3,351.19	12%
\$100	1,662.27	1,861.74	12%	\$100	3,324.78	3,723.75	12%

ADDITIONAL EXTENDED CARE FACILITY CHARGE; MS-1990-3-R							
Smoker				Smoker			
Max Daily Benefit	Issue Ages 64-1/2 - 69			Max Daily Benefit	Issue Ages 70 - 74		
\$50	1,108.33	1,241.33	12%	64½-69	1,939.59	2,172.34	12%
\$60	1,329.86	1,489.44	12%	70-74	2,327.31	2,606.59	12%
\$70	1,551.64	1,737.84	12%	75-79	2,715.30	3,041.14	12%
\$80	1,773.14	1,985.92	12%	80-84	3,103.03	3,475.39	12%
\$90	1,994.90	2,234.29	12%	85-89	3,490.98	3,909.90	12%
\$100	2,216.44	2,482.41	12%	90+	3,878.70	4,344.14	12%

Modal Factors:

Semi-annual	0.52	Monthly Draft	0.083
Quarterly	0.27	Monthly Direct	0.092

EXHIBIT I

UNIFIED LIFE INSURANCE COMPANY
2010 Premium Rate Schedule

PLAN	Policy Form	Resident State	Issue State	Policy	Sex	Issue Age	Current Premium	Proposed Premium	% Change
AMA1D4	MS4-89-P	AR	NV	02I5576230	F	65	4,282	4,796	12%

EXHIBIT I

UNIFIED LIFE INSURANCE COMPANY
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ARKANSAS
Pre-Standard Medicare Supplement
2010 Annual Premium Rate Schedule

POLICY FORM MS-89

200% Plan

Policy Pays Part A Deductible; Insured Pays Part B Deductible of \$200

Issue Age	Current Rate	Proposed Rate	% Change
All Ages	7,878.65	8,824.09	12%

Policy Pays Part A Deductible; Insured Pays Part B Deductible of \$75

Issue Age	Current Rate	Proposed Rate	% Change
All Ages	9,010.67	10,091.95	12%

Policy Pays Part A Deductible; Insured Pays Part B Deductible of \$0

Issue Age	Current Rate	Proposed Rate	% Change
All Ages	9,855.81	11,038.51	12%

200% Plan - 5% Discounted

Insured Pays Part A Deductible; Insured Pays Part B Deductible of \$200

Issue Age	Current Rate	Proposed Rate	% Change
All Ages	7,484.72	8,382.89	12%

Insured Pays Part A Deductible; Insured Pays Part B Deductible of \$75

Issue Age	Current Rate	Proposed Rate	% Change
All Ages	8,560.14	9,587.36	12%

Insured Pays Part A Deductible; Insured Pays Part B Deductible of \$0

Issue Age	Current Rate	Proposed Rate	% Change
All Ages	9,363.02	10,486.58	12%

Area Factors:

718	0.55
720, 722-723	0.60
All Others	0.50

Modal Loads:

Semi-annual	0.5200
Quarterly	0.2650
ABC	0.0833